

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213567281		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: COOKIES FOR KIDS CANCER A NJ NONPROFIT CORPORATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NORTHWEST REGISTERED AGENT LLC 4445 CORPORATION LN STE 264 VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NJ</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F1810391</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 31 HOFFMANS CROSSING ROAD</p> <p style="text-align: center;">CITY/ST/ZIP: CALIFON, NJ 07830</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
NAME: LARRY S WITT TITLE: TRUSTEE, PRES ADDRESS: 31 HOFFMANS CROSSING ROAD CITY/ST/ZIP/CO: CALIFON, NJ 07830	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: GRETCHEN WITT TITLE: VICE PRESIDENT ADDRESS: 31 HOFFMANS CROSSING ROAD CITY/ST/ZIP/CO: CALIFON, NJ 07830	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: DON HUTCHINSON TITLE: TREASURER ADDRESS: 7802 MEADOWBROOK DRIVE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46240	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JOHN K BARTOSZ TITLE: ASST SECRETARY ADDRESS: 709 MILWAUKEE STREET CITY/ST/ZIP/CO: SUITE A DELAFIELD, WI 53018	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: EMILY FOWLER TITLE: SECRETARY ADDRESS: 18918 SERENITY POINT LANE CITY/ST/ZIP/CO: CORNELIUS, NC 28031	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
NAME: KATE BULLINGER TITLE: DIRECTOR ADDRESS: 60 GRAMERCY PARK NORTH, APT. 10M CITY/ST/ZIP/CO: NEW YORK, NY 10010	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLBERT CANNON DIRECTOR 5 EAST 17TH STREET, FLOOR 3 NEW YORK, NY 10003	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC HAZEL DIRECTOR 96 SWAMPSCOTT ROAD UNIT 1 SALEM, MA 01970	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT HORNBLY DIRECTOR 14 COLONIAL COURT LEBANON, NJ 08833	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT MALLGRAVE DIRECTOR 41 ROWAN RD. SUMMIT, NJ 07901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM WILLIAMS DIRECTOR 18234 CYPRESS POINT TERRACE LEESBURG, VA 20176	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LARRY S WITT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LARRY S WITT, TRUSTEE, PRES PRINTED NAME AND CORPORATE TITLE	8/4/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			